

MONITORING REPORT ADULT DAY CARE AND ADULT DAY HEALTH
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DATE OF VISIT: _____

I. PROGRAM: _____ COUNTY: _____

II. TYPE OF VISIT: () Announced () Unannounced TIME OF VISIT: _____

III. ENROLLMENT: # Full-time ____ # Part-Time ____ Month Reviewed _____

ATTENDANCE: # Participants at time of visit ____ # of Staff _____

IV. CONCERNS FROM PREVIOUS VISIT: _____

Have these concerns been resolved? () YES () NO (If no, complete DSS Form 6215)

V. AREA REVIEWED:

Nutrition [10A NCAC 06R .0502 and 06S .0401] – <u>Standards</u> , Page 25
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Yes No

() () Midday meal which provides at least one-third (1/3) of an adult's daily nutritional requirement is provided each participant in attendance.

() () Meals are prepared and served in a sanitary manner using safe food handling techniques.

() () Nutritious mid-morning and mid-afternoon snack is offered daily to participants and is planned to keep sugar, salt and cholesterol intake to a minimum.

() () Therapeutic diets are provided, if prescribed in writing by a physician. If diets prepared by program staff, staff have necessary training.

() () Registered dietitian or certified nutritionist gives consultation to staff on basic and special nutritional needs.

VI. COMMENTS/CONCERNS _____

Attach an additional sheet if needed

VII. PROGRAM DIRECTOR'S COMMENTS _____

VIII. Continued by () DSS-6215 (____ # of forms)

IX. Signatures:

Coordinator_____
Date_____
Program Director_____
Date

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (9-05)

Check Yes or No. If no, provide explanation.